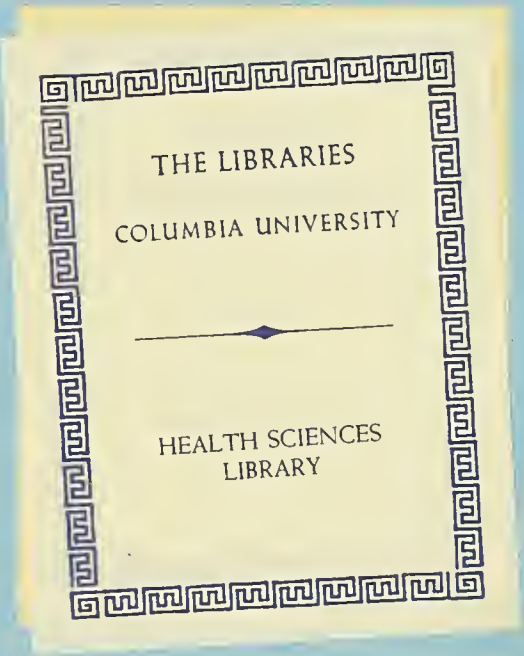





# DENTAL COLUMBIAN 1968



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STEVEN A. COHN  
STEVEN Y. SIEGEL

editors

DR. VICTOR S. CARONIA  
faculty advisor





*When someone wins an academy award, he traditionally thanks all the people behind the scenes who made his achievement possible. We, the class of 1968, are about to receive our Doctoral Degrees, and we too would like to thank someone behind the scenes.*

*A servant of his country, his profession, and his students, this man has, for the past four years, worked tirelessly in our behalf. He has conciled us with our problems, assisted us in our future plans and shown us what dentistry is like today and what it will be like tomorrow. He has represented our school at many professional gatherings in such a way as to enhance our reputation. His manner and bearing have been a constant example to us of what a professional man should be. In gratitude and respect, the class of 1968 dedicates its yearbook to you,*

**DR. GEORGE L. O'GRADY**



# ADMINISTRATION



Grayson Kirk, Ph.D., LL.D.

President of the University



Gilbert P. Smith, D.D.S.

Dean



“From the Most High Cometh Healing . . .”



**D.D.S.**

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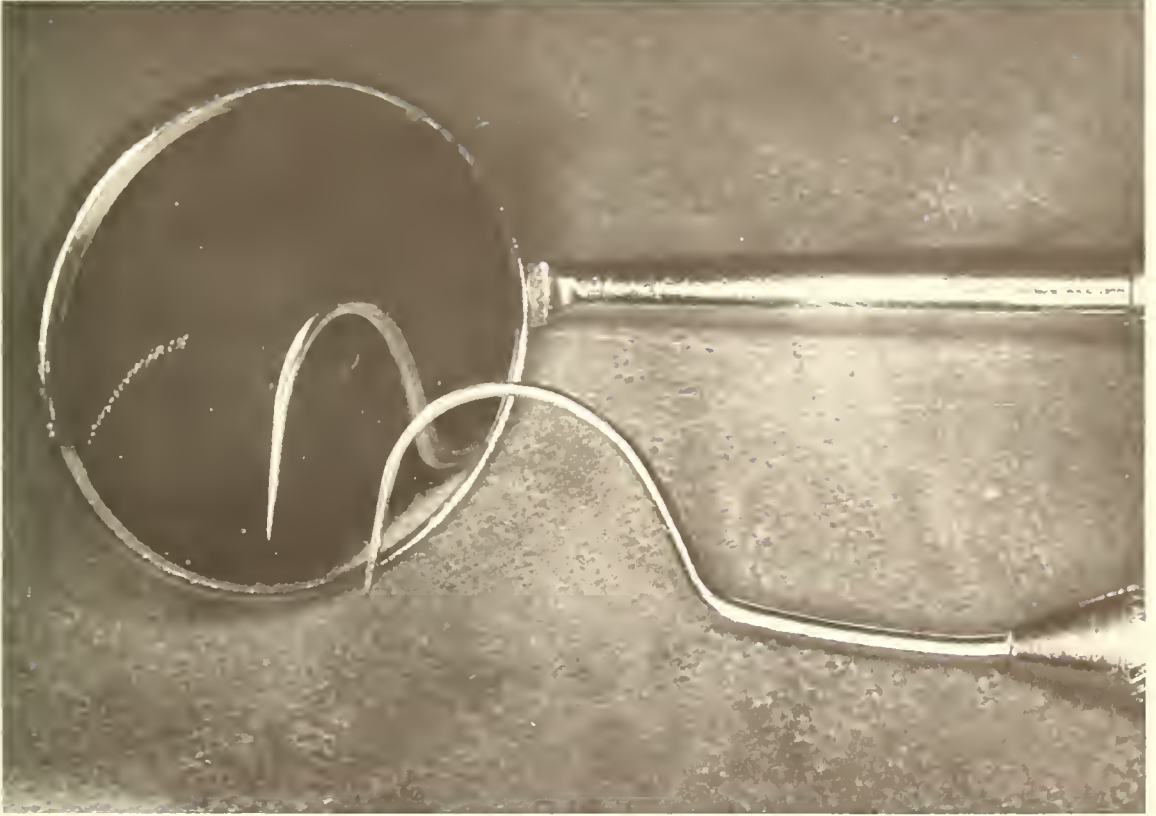
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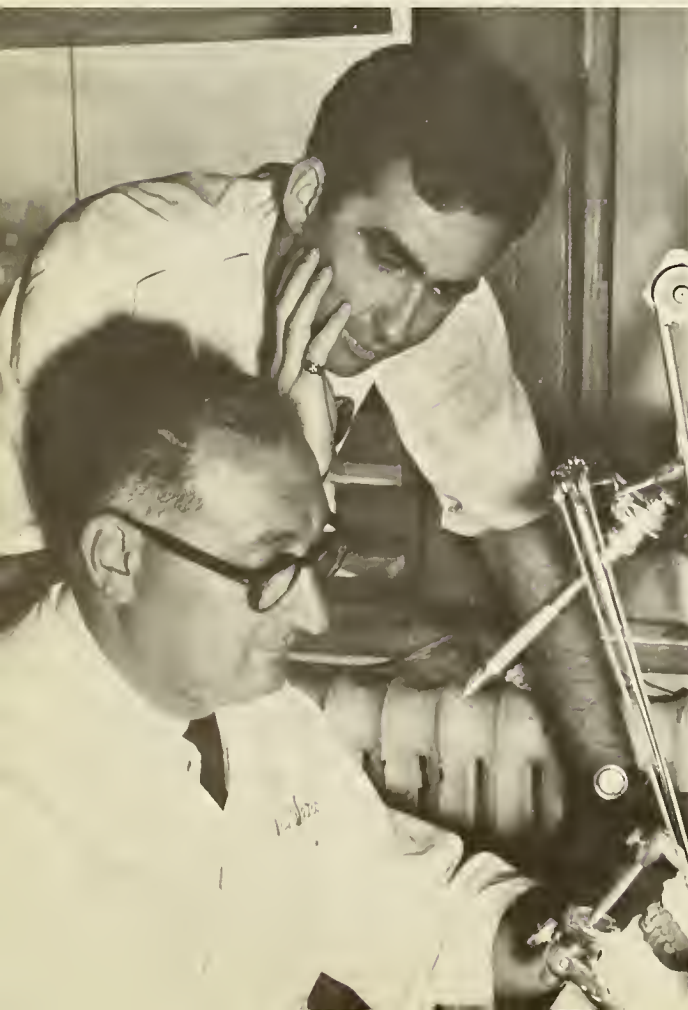
*“Now this is not the end.  
It is not even the beginning of the end.  
But it is, perhaps, the end of the beginning.”*

**WINSTON CHURCHILL**



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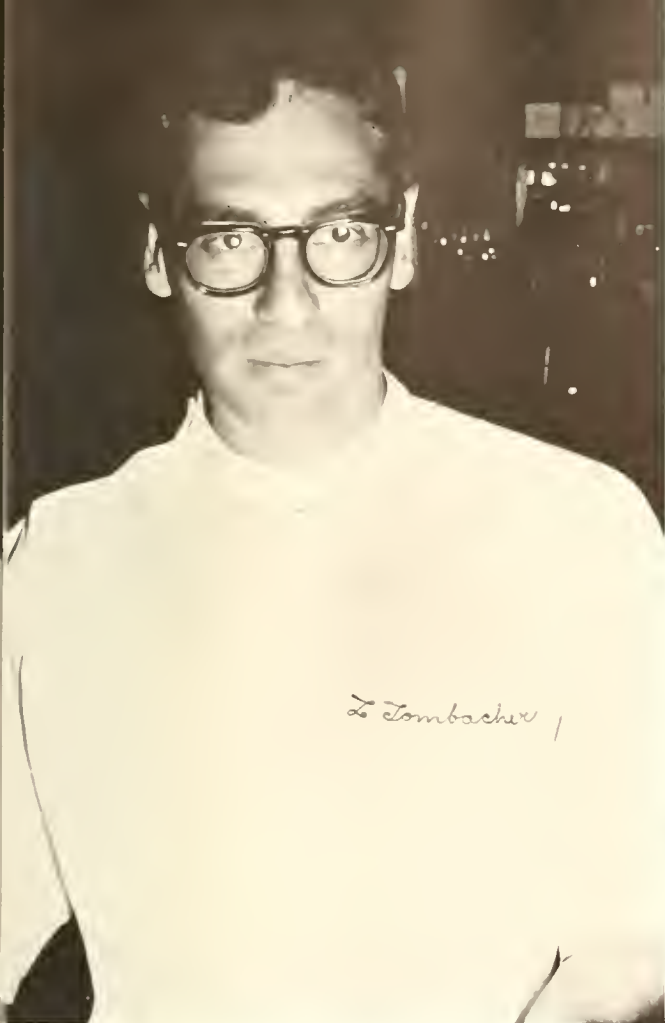




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# WHAT IS DENTISTRY?

Dentists are not traders in commodities engaged in a merchandising business. A dentist is a practitioner of one of the true 'learned professions' like unto a physician or surgeon. Dentistry is one of the healing arts . . . and dentists, like physicians, perform the highest type of skilled professional service for their patients. Dentists are men of profession, who by virtue of their talents and aptitudes, and long years of study, and formal education, qualify themselves to serve mankind and to alleviate human suffering.

When a dentist furnishes a prosthesis to his patient, this is an inseparable and indivisible part and parcel of the professional service of dentistry, which concerns itself with diagnosis, treatment, restoration, prevention. A dentist does not, under the common understanding of things . . . make a sale to his patient.

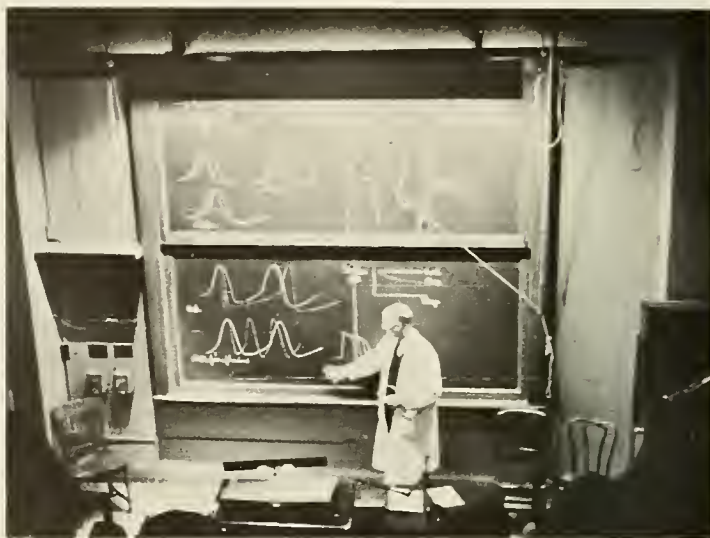
His relationship to the patient is not that of merchant and 'customer,' but that of doctor and patient; a close relationship requiring the skill and expertness that come with a concentrated background of education, training, and qualification . . ."

This is dentistry . . .

\*From an opinion by Judge Walter B. Jones, Circuit Court of Montgomery County, Alabama, March 9, 1960.

*It was September and we were confused, doubtful, and scared. For most this had been the greatest decision in our lives, but now we were unsure about meeting the test. We had made our choices for various reasons—forty to be exact. And even the lengthy interviews with Doctors Cuttita, Moss, and Applebaum failed to shake our confidence for long because we had been accepted. But now we had arrived, masking the hollow feeling in our stomachs with forced laughter while carefully examining our thirty-nine classmates and wondering, “Am I good enough?” The rush of registration, the strange contents of the various boxes not meant for our lockers, and our first session with Dr. Moss did little for our morale. Everyone in the hospital strode with a confidence and purpose that eluded us. So we banded together seeking each other out in an effort to survive by collective strength. We worked in teams in anatomy and pooled our knowledge and sweat.*

*But was it enough? Only the first examination would answer that and for most the concentration and effort was rewarded. And we celebrated with a “tea party” at 370 Fort Washington Avenue, the first of many memorable evenings at that location. Thus the year progressed, highlighted by “trick or treat” in anatomy and an unconvincing argument that a microscope really does not work in histology. We descended on the cafeteria in our white coats wondering why “the house” had intimidated us a few short weeks ago. But physiology commenced and Dr. Blank was incomprehensible: “I’ll never pass this course!” We had begun a new*



*phase of our education that depended upon printed notes cryptically signed “BNA.” Hardly had we adjusted to this change when we became dentists—“Hey, how do you button one of these things?” Suddenly we were expected to perform with our hands as well as our minds. “Labial, lingual, gingival”—our vocabularies failed to recognize these words.*

*Studying for anatomy and histology (and biostatistics—“Whadda we have here?”) was now a reflex act and one that we performed until the blessed relief of Christmas vacation. There were 19 weeks remaining in the year when we returned in January but only 37 of us left to continue counting. While winter set in we scrutinized action potentials and the Krebs cycle while paying homage to the “higher centers” that provided an escape in neuroanatomy. We even found time to draw teeth in all sorts of pretty colors. Although a severe flood nearly washed away the biochemistry lab and Dr. Gillespie, order was soon restored—“Don’t pull that again!” became the watchword. Meanwhile we blew the dust off the boxes in our lockers and constructed our first fixed bridges. The weeks became a blur of books and bite registrations relieved by a too brief spring vacation. We rushed to meet our deadlines for Dr. Arden and prepare for finals. The amphitheaters were hot and the exams arduous, especially physiology, which, Dr. Nocenti notwithstanding, included a great deal of past material. But our ordeal was ended and we moved on.*

*Only 35 returned in September but now we were experienced and well prepared for our second year. However, no amount of training could ready us for*





*perio patients who not only became our first walking typodonts but also presented us with a dire clinical problem: adjusting the chair. "Pockets" Beube introduced us to "piddling on the root" and we were now clinicians?! Most of us returned to the books long enough to prepare for National Boards at the Coliseum in April and we alternately groaned or smiled depending on the question.*

Meanwhile Dr. Cahn stressed that all cysts should be marsupialized while Dr. Budowsky took aim with his little X-ray gun and told us how to achieve "maximum" use of the darkroom. But it was Spring and we were rightfully content. The first hurdle was cleared and "only the clinic" remained to be mastered—and after all, we knew we could do that.

*The 29 who returned in the fall had maintained this confidence; in fact, most had increased it over the summer. But the sobering truth was soon evident. For most it commenced in operative where our "few essential" instruments had us in a daze—"Hey, what's a 3-1-28?" For others it was dripping greenstick, hot water floods and rubber base baths. A few retakes on copper bands ("It took all period and I still didn't get it!") convinced most of us that crown and bridge was not quite that simple. Even well-developed theoretical skills could betray us, to wit: three empty carpules and no anesthesia. "Patient disappointed" was written all too frequently while our ultra efficient units became additional sources of complication. A dash of special assignments were added to keep us happy—*



diagnosis, ("Please wait outside until Mrs. Moore calls your name.") x-ray, surgery and endo. After emergency service most of us searched for the nearest straight jacket—"We have ten patients for you today." Meanwhile, Mrs. Musterman, smiling sweetly, informed us that, "I have a repair for you," just when every prosthetics session was scheduled for the next month. Daily quizzes and a brief but insulting dose of attendance taking were further annoyances.

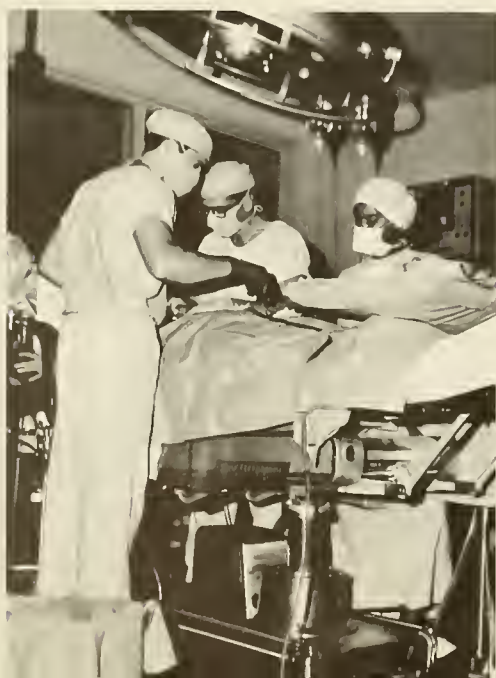
But in spite of all the triviality we learned, albeit slowly. However, this learning differed from that of the first two years. Now for every step forward we took one back. Frustration, confusion and occasional despair were constant companions. Some instructors encouraged, others tore down. And so we met a new test composed of many elements and administered by different personalities. To pass the test we had to come to grips with it on an individual basis. Not surprisingly old friendships cooled and new ones did not necessarily develop. We were beginning to judge, react, and seek our own paths. Dentures and points dominated our thoughts and speech. Now it was June but we had no time to sort out or reflect upon our recent experiences because the school year was eight weeks longer with the summer session. Some went to Roosevelt Hospital and faced the problem of applying knowledge on their own. To be called "Doctor" and treated with respect made us dread returning to the second class status of the clinic. However, the clerkship also made us realize how much we still had to learn. The rest of us plodded on through the (generally)



cool days until August and a brief but sorely needed respite.

It was September again—our fourth and last. Once this day had been but a dream, but now it had become a reality. Our responsibility to learn and apply much in a short time remained unchanged. Yet the year entailed new ramifications. Dr. O'Grady distributed military service allotment forms and the yearly visit by the representatives of the federal services took on added significance. The lunchtime chatter in the eighth floor lab centered on internships and specialties. The A.D.A. and private companies mailed us information on insurance plans. A rash of babies were born and cigar smoke filled the clinic. Gradually the words "future," "security," and "planning" became upmost in our thoughts.

The juniors began seeking us out—"Is this impression boxed right?" We were teachers as well as students and one cannot teach unless he knows and experiences. So we had learned and applied after all. Apparently the staff agreed for they treated us with a subtle yet clear trace of respect and allowed us an unprecedented degree of independent action. To be sure, our confidence was bolstered by these elements. However, a greater discovery was that the fog was lifting. The rationale and result of many clinical procedures were now discernable in advance. Other problems became easier to manage because the past now worked in our favor. Mistakes enabled us to plan ahead and avoid repetitions. The daily trivia of the clinic was less bothersome because we were accustomed to it. However, the red tape progressed from the sublime to the





ridiculous with the advent of Medicaid. There was now another opportunity for Mrs. Moore to use her keen talent for character analysis by signing our order slips as well as checks. Of course, there seemed to be something missing with no dental materials—namely, a free period. But Dr. Ayers' loss was Pedro's gain as we learned by experience what the effect of moisture was on the set of amalgam. D.A.U. and the opportunity to perform efficiently made us aware that "real dentistry" on the outside might offer some exciting and different possibilities. So the weeks passed. Our first operative practical resembled an F.B.I. investigation with the hand lenses, microscopes and cameras ("Yes Dr., I realize that I'm only 0.468 mm. into dentin . . ."). "Constructive" criticism followed and we were all aware of what could be improved—if we could only see that well.

For the last time we saw winter settle about the Medical center. The Picassos and Rockwells adorned every available piece of glass with their holiday scenes. Christmas vacation gave us time to reflect upon how much there was to do in so little time. We returned in January to the year which we had been working towards for so long. For some, the vacation continued with successive weeks of special assignments. Service allotments were announced and internship applications were returned approved.

Spring arrived and feverishly we waxed crowns and set up teeth far into the night. We took the second part of the National Boards and surprised ourselves by excelling in ortho ("Richard? Yes, Monroe?") and maintaining Columbia standards in the



others, including dental materials?! The last big effort, and then—! Plans for the class skit began to take shape. Table seatings were arranged and tuxedos rented. Graduation questions arose: "Jim, what about our caps and gowns?" Another operative and prosthetics practical readied us for the State Board Exams. The calendar made its appearance in the eighth floor lab. We trooped to Tammy Brook and imbibed and enjoyed. The cheers for Mrs. Duffy rang loud as she intoned "It is now 4:30. Last call for closing. Please have your charts signed by your instructors." for the last time. We took the State Boards ("where's my patient?"), emptied our lockers ("There's my di-lock tray. I knew I had one."), put on our caps and gowns, stood en masse for a brief moment, and we were professional men.

"Four years gone already? Is it possible that I am prepared? How will I compare with my colleagues? Wait a minute—I feel like I did when I started, doubtful and scared. But I think I understand now—this is not the end, but merely the beginning . . ."





# CLINIC



"Now hold still while I go after the inlay..."



"Yes, Dean, I'm listening—right—OK—sure—whatever you say, Dr. Smith..."



"But Dr. DeJulia, you make us cut the sprue before cementing..."



"A little shy? I could open an office under that margin..."



"What do you mean, 'remove the investment before weighing it'?"



"I know it's midnight, but I've only got a couple more questions..."



"... and I only cement these jackets Monday, Wednesday, and Friday at 10 a.m."



"Does the big had scaler hurt my Fleshy Huggy Bear?"



"An old beer can, silly putty, and two paper clips—why, I can open an office!"



"Hmmm—if I tell him what I really think of it he'll never vote for me..."



"No good, Pite—the Frankfort horizontal impinges on the curve of Spee creating an unesthetic axis orbital plane."



"Using a medium natural bristle brush in the right hand but only on Monday..."

# SCENES



"Now sit still, kid, while I plug in the chair . . ."



"Confidentially, all I do is change the laces every two years . . ."



"What's a five letter word for 'hard, white oral structure used for chewing'?"



"Let's see—is it wax to die or die to wax?"



"Hmmm—in contact and has occlusion, but philosophically speaking . . ."



"Come on Dr. Cain, you can talk to Dr. Portway later . . ."



"You mean the big teeth go on top?"



"Right back here it gives me such a pain . . ."



"What do you mean we're out of belts, burs, gold, amalgam, and coffee cups?"



"If I can get finished in 15 minutes I'll still have a half hour to sleep!"



"Yes Dr. Cain, I know this is Operative period . . ."





"You mean I put lingual facings on *every* crown of my roundhouse?"



"Doesn't everybody find the occlusal plane this way?"



"Huh? You're supposed to *heat* the compound before seating the copper hand?"



"How can I explain a pulp out to Dr. Berman?"



"You're right, Nick—the pin is .0001 mm off the table. . ."



"My residents worship me."



"Now how did that lasagna get behind his ear?"



"Is this the tooth? Well, answer me!"



"'Slowly express contents of car-pule'—I wish I'd asked what to do next!"

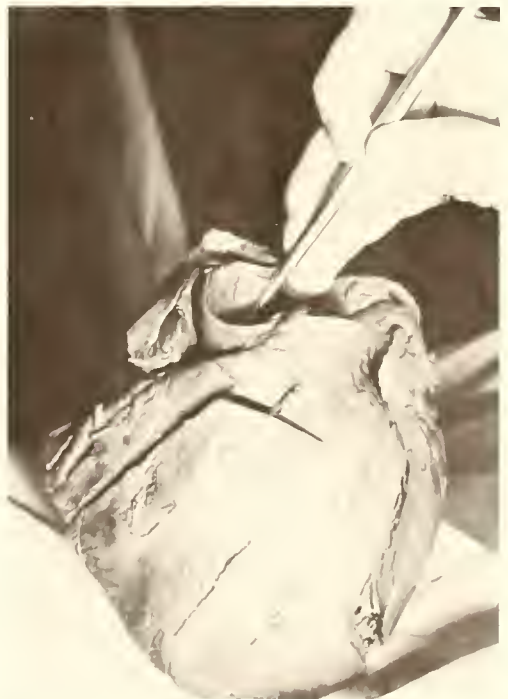
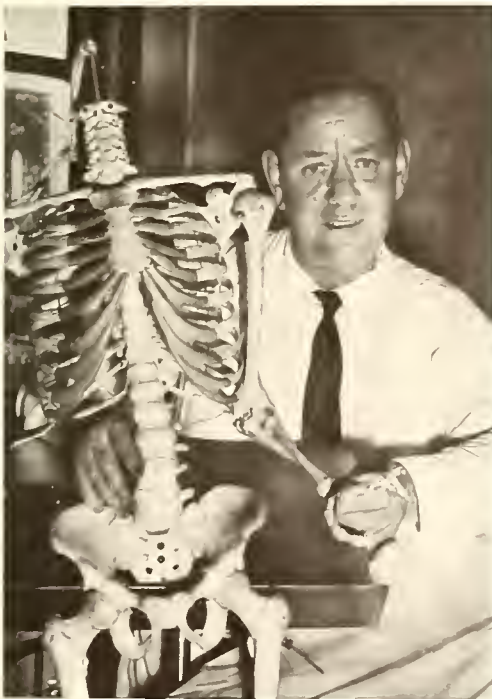


"Three mm. short—if I give her a Leforts III and push the maxilla down. . ."



"But Dr. Beuhe routinely impressions pockets. . ."





# AFTER





# HOURS



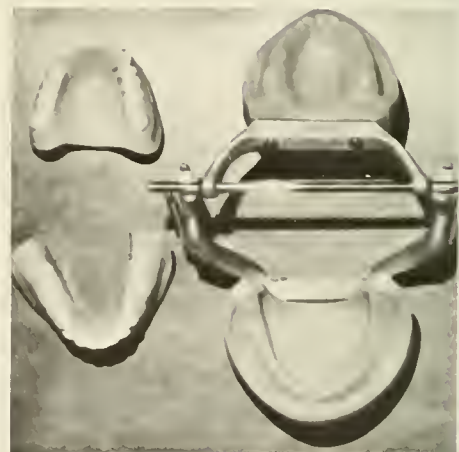


# REMEMBRANCES OF THINGS PAST. . .



**SCHEDULE OF DENTAL AND DENTAL SURGERY**  
**FIRST YEAR**  
September 1967 - May 1968

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>FIRST TRIMESTER</b> September 11 - November 22 (12 weeks)					
9-10	Microanatomy 150 Lab: (Amph. 15)	Pathology 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Pathology 150 Lab: (Amph. 15)
10-11	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)
2-3	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)
<b>SECOND TRIMESTER</b> November 27 - December 16 (10 weeks)					
9-10	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)
10-11	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)
2-3	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)
<b>THIRD TRIMESTER</b> January 2 - February 23 (8 weeks)					
9-10	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)
10-11	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)	General Anatomy 150 Lab: (Amph. 15)
2-3	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)	Microanatomy 150 Lab: (Amph. 15)



## Dental and Oral Surgery

History, Referral, Assignment, Treatment and Payment Records

DATE	DIVISION		FEE
		M. APTON	309 Ocean Parkway, Brooklyn, N.Y.
		N. BOYD	21 Central Drive, Glen Head, N.Y.
		M. BRISBIN	3547 May Road, Richmond, Calif.
		A. CHOMENKO	157 Summer Street, Orange, N.J.
		S. COHN	Pines Bridge Road, Ossining, N.Y.
		J. FRIEDMAN	140 Van Cortlandt Ave. W., N.Y., N.Y.
		R. GREENBERG	320 Lockwood Road, Fairfield, Conn.
		J. KAMEROS	33-58 75 St., Jackson Heights, N.Y.
		S. KATZ	36-19 167 St., Flushing, N.Y.
		L. LEVINE	1 Washington Square, Larchmont, N.Y.
		W. McMANUS	Box 312, Shelter Island, N.Y.
		J. METZGER	600 West 164 St., New York, N.Y.
		A. MINTZ	930 Grand Concourse, New York, N.Y.
		E. MODARAI	2 Harbor Lane, Brooklyn, New York
		S. MUNK	332 East 71 St., New York, N.Y.
		Q. MURPHY	120 Monterey Avenue, Pelham, N.Y.
		W. PITE	82 Robert Dr., East Haven, Conn.
		M. POLAN	1225 Ocean Parkway, Brooklyn, N.Y.
		R. RENNER	3636 Fieldstone Road, Bronx, N.Y.
		C. ROGERS	163 Gaylor Road, Scarsdale, N.Y.
		A. ROSELL	80-34 192 Street, Jamaica, N.Y.
		J. SERLES	3429 Orange Ave., Long Beach, Calif.
		S. SIEGEL	136-42 222 St., Laurelton, N.Y.
		L. TOMBACHER	Westminster Road, Brooklyn, N.Y.
		T. TONG	64 Conduit Road, Hong Kong, China
		R. TOPLITZ	5 Allendale Road, Pittsfield, Mass.
		R. TURANO	8418-14 Avenue, Brooklyn, N.Y.
		C. WENNOGLE	3 Dale Drive, Summit, New Jersey
		T. WILSON	24 Hewitt Avenue, Bronxville, N.Y.

# FACULTY







*“A teacher affects eternity; he can  
never tell where his influence stops.”*

**HENRY BROOKS ADAMS**

# OPERATIVE DENTISTRY



Edward A. Cain, Jr., D.D.S.  
*Director*

It would be rash to attempt to foretell the future but wise indeed to evaluate the past.

Modern dental technology has progressed to such a degree that today we can render adequate dental service to a substantial segment of the population, but not to all.

Although there are over 100,000 dentists in our country today, only about one third of the needs of the total population is cared for. Many communities are without dentists and many families are dentally indigent. It would take all the dentists we have today most of their life to care for the present back-log of dental defects.

We need more dentists to render a total health service to all. Most of the developed countries of the world have government supported health treatment plans in operation today. These vary from aid to veterans and less fortunate citizens to full comprehensive plans for the total population, including dental care. It should be noted that in all countries these movements are progressive and not retrogressive—first one group is added and then another. The nature of these movements points up the need for constructive action by organized dentistry in our country so that we may find a solution to the problem of making dental care available on an acceptable



Roy Boelstler, D.D.S., *Inst.*  
William H. Silverstein, D.D.S., *Assoc. Clin. Prof.*



Thomas W. Portway, D.D.S., *Assoc. Prof.*  
Steven S. Scrivani, D.D.S., *Ass't. Clin. Prof.*



Harold P. Sherman, D.D.S., *Ass't. Clin. Prof.*  
Joseph E. Fiasconaro, D.D.S., *Ass't. Clin. Prof.*

basis to all—the population and the profession. This is just one aspect of the problem that faces us. We are on the threshold of change and we must meet it together—as a profession, not as individuals—with proper leadership and sound ideas; for no man is an island unto himself.

However, prevention has to be looked at as the most sensible, long range solution to dental health and basic science offers a hopeful approach. In research today we are trying to discover the basic biological factors in dental health and disease. We are using innumerable technics of the modern biological laboratory, exploring new vistas disclosed by the electron microscope and the secrets revealed by radio-isotopes in tooth and bone. We are trying to find out how the teeth and bones develop, how saliva affects the teeth, how the soft tissues give clues to bodily health and biological aging, and how certain food elements affect oral conditions.

For many, restorative dentistry will solve a need—but for the rest of the population and the new generation it will not. Prevention is, however, a rational solution and research a hopeful approach.

To the Class of 1968, the teachers of Operative Dentistry wish to extend their best wishes for every success.

*Edward A. Cain, Jr., D.D.S.*



Kenneth C. Deesen, D.D.S., Assoc. Clin.  
Prof.

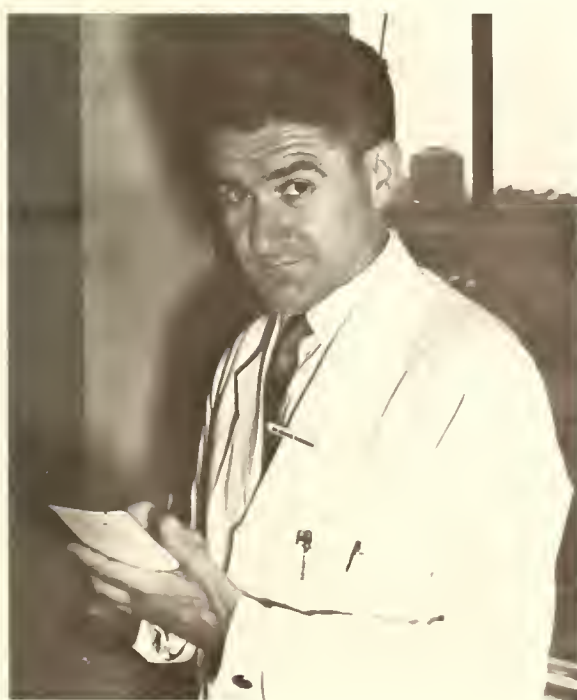
James W. Benfield, D.D.S., Ass't. Clin.  
Prof.



Stanislaw H. Brzustowicz  
D.D.S.  
Ass't. Clin. Prof.



Frank L. Mellana  
D.D.S.  
Ass't.



George Rudensky, D.D.S., Inst.



Herbert P. Fritz, D.D.S., Ass't. Clin. Prof.  
Joseph A. Pianpiano, D.D.S., Ass't.



# PROSTHODONTICS



John J. Lucca, D.D.S.  
*Director*

The theme selected for this year's Dental Columbian is a very provocative one, especially in view of the drastically changing scene in the practice of the healing arts. Advice to a graduating senior can be varied from one extreme to the other, usually depending upon the experience of the giver. Suggestions might include any of the following—associate with someone to avoid the problems of starting a practice, start a practice as soon as you graduate to avoid any entanglements with anyone but yourself, become a specialist to avoid general practice, become a teacher or researcher to avoid all the problems of any kind of practice especially with increasing government intervention, at least complete an internship before deciding *what* to do. These are but a few of the suggestions which might be offered.

Personally my feeling is, and always has been, that you owe yourself and your family a debt—to be happy with whatever choice you make. This may sound strange since this is the goal I'm sure we all strive for. Too often, however, we are incorrectly motivated by others. A midtown practice may be fine for one person, but the bane of another's existence. A graduate today, can in a very short time, usually build up a good practice in any community. The first and most



Edward P. Kessler, D.D.S., *Ass't. Clin. Prof.*, Edward M. Ras, D.D.S., *Ass't.*, Joseph C. De Lisi, D.D.S., *Ass't. Clin. Prof.*



Joseph J. Scancarello, D.D.S., *Inst.*  
Victor S. Caronia, D.D.S., *Ass't. Prof.*



Howard A. Arden, D.D.S.  
*Assoc. Prof.*



John M. Scarola, D.D.S.  
*Inst.*

important decision to be made is where you and your family would like to live. The rest should follow naturally. A man who likes a particular field in dentistry should take advanced training and pursue it. If teaching or research appeals to you, by all means pursue this. With increasing government help, the financial gap between private practice and these endeavors is no longer as wide as in the past.

Although it is very difficult to give anyone in particular advice at this stage, in any case I feel you must have a feeling of satisfaction from your work. Dentistry is demanding in time and effort, probably much more so than many other fields of endeavor. If you do not enjoy your work, your life can be miserable indeed. In any case, whatever choice you make, always give it your very best in terms of your ability—continue being a student throughout your professional career—don't attempt to be a loner but instead be active in organized dentistry and you will find much greater rewards.

The staff of the Prosthodontics Section congratulates you all on the successful completion of four years of hard work. We wish you the success and happiness you so richly deserve.

*John J. Lucca, D.D.S.*



Ennio L. Uccellani  
D.D.S.  
*Assoc. Prof.*



Joseph A. De Julia  
D.D.S.  
*Ass't Prof.*



Martin Winter  
D.D.S.  
*Ass't*



Edward Herzig  
D.D.S.  
*Ass't.*



George W. Hindels  
M.D., D.D.S.  
*Assoc. Clin. Prof.*



William Raebeck  
D.D.S.  
*Inst.*



William J. Miller  
D.D.S.  
*Assoc. Clin. Prof.*



Sebastian A. Bruno  
D.D.S.  
*Assoc. Clin. Prof.*



Frank J. Cacciola, D.D.S., *Ass't. Clin. Prof.*  
Harry Shpuntoff, D.D.S., *Ass't. Clin. Prof.*

# STOMATOLOGY



Edward V. Zegarelli, D.D.S.  
Edward S. Robinson Professor  
Director, Division of Stomatology

Words of advice to the graduating senior are generally as effective as the "do's" and "don't's" of the distraught but relieved mother to her anticipating daughter as the latter leaves for a belated honeymoon. If the environment and the upbringing of the past four years have succeeded in developing and molding a desirable professional character in each of you then you need no words of advice. If, on the other hand, we have failed to obtain this objective then any words of advice will be as effective as a ten second shower on a barren desert.

Nevertheless, I suppose I could advise you: (a) to do everything possible to increase your knowledge and perfect your skills; (b) to join your alumni society and support its activities; (c) to demonstrate your gratitude to your school; (d) to abide by the ideals of your profession; etc., etc. But you are aware of these obligations— and they are indeed the obligations of a professional!

I would rather write about one other responsibility which is not as frequently discussed and one which is as important, namely your obligation to the community in which you live.

Far too often the dentist restricts his activities to the labors of his practice and to the enjoyments of his country club, behaving more like a self-centered recluse who knows little and cares less about the problems of his fellow man.

You are highly educated— you are socially accepted—you are endowed with a personality few others possess— and above all, you are in a profession which demands a deep understanding of people. Use these attributes in improving the social as well as the health welfare of your community.

*E.V. Zegarelli, D.D.S. Director*



Joseph A. Cuttita, D.D.S., *Clinical Professor*



Austin H. Kutscher  
D.D.S.  
*Associate Professor*



Irwin D. Mandell  
D.D.S.  
*Assoc. Clin. Prof.*



David Hendell  
D.D.S.  
*Ass't Clin. Prof.*



Jack Budowsky  
D.D.S.  
*Assoc. Clin. Prof.*



Philip Silverstein, D.D.S., *Instructor*  
Todd Beckerman, D.D.S., *Ass't. Prof.*  
Barry C. Cooper, D.D.S., *Ass't*





Frances R. Karlan, D.D.S., *Instructor*. Felix M. DiSanza, D.D.S., *Ass't*



John K. Lind  
D.D.S.  
*Ass't Clin. Prof.*



Morton R. Schoenberg  
D.D.S.  
*Instructor*



Mortimer Karmioli  
D.D.S.  
*Ass't Clin. Prof.*



Robert F. Walsh  
D.D.S.  
*Ass't Clin. Prof.*



Robert N. Schiff  
D.D.S.  
*Assistant*



Paul Kornfeld  
D.D.S.  
*Instructor*



Bernard Benkel  
D.D.S.  
*Assistant*



Paul J. Hoffman  
D.D.S.  
*Assistant*



Edward Zerden  
D.D.S.  
*Instructor*



Stephen Wotman  
D.D.S.  
*Instructor*



Stanley Steinerman  
D.D.S.  
*Instructor*

# PERIODONTICS



Frank E. Beube, D.D.S., *Director*

## EDUCATORS AND THEIR STUDENTS

Henry F. Sigerist, "considered by many to be the greatest medical historian of our time, if not of all time," stated: "The university must do definitely more than teach facts and theories. It must help the student to develop his faculties, must train him to think independently and critically, so that he may form his own judgments. It must teach him methods of study so as to enable him to keep pace with developments. It must open up horizons for him, lead him in attaining correct sense of values, in developing his attitude toward life, in one word, his philosophy. The actual work must be done by the student himself."

A teacher worthy of this title, and in any institution of learning, should be provocative in a manner which will motivate the students to delve beyond the immediate lecture or seminar that is under discussion. The student's responsibility is to objectively



Murray Schwartz, D.D.S.  
*Ass't. Clin. Prof.*



Charles L. Berman, D.D.S.  
*Ass't. Clin. Prof.*



Alvin D. Cederbaum, D.M.D., *Ass't. Clin. Prof.*  
Leonard Hirschfeld, D.D.S., *Assoc. Clin. Prof.*



Irving Karel, D.D.S.  
*Instructor*



Leonard Hirschfeld, D.D.S., *Assoc. Clin. Prof.*  
Seymour Albus, D.D.S., *Ass't. Clin. Prof.*



H. I. Oshrain, D.D.S.  
*Ass't. Clin. Prof.*

question any and all statements made by the teacher. The instructor's accumulated experience in research and clinical practice should be constantly tapped by the students. This valuable approach to learning will prevail if a close association through adequate personal communication exists between the students and teacher. Without this interaction, the value of teaching, whether by slides, films, television or programmed instruction, would be less effectual.

I am firmly convinced that these concepts in education, if constantly and carefully applied, will accrue to the benefit of the students, and the teachers will be gratified with the results. I hope, as one of your instructors, I have, in a measure, imparted them to you, whereby they may be useful in whatever area of dentistry you may choose to participate in the future. All the members of the Division of Periodontology join me in wishing you success as you desire it.

*Frank E. Beube, D.D.S.*



**Leonard Hirschfeld, D.D.S.**  
*Assoc. Clin. Prof.*



**Seymour Albus, D.D.S.**  
*Ass't. Clin. Prof.*



**P. C. Gabriele, D.D.S.**  
*Instructor*



**N. H. Joondeph, D.D.S.**  
*Ass't. Clin. Prof.*



**David M. Monahan, D.D.S.** *Assistant.*



**Herman Cantor, D.D.S.**  
*Instructor*



# ORAL SURGERY



Rudolph H. Friedrich, D.D.S., *Director*

The Division of Oral Surgery supports with no reservations the concept of the scientific dentist as the objective of Columbia's undergraduate dental curriculum. The program of the division is designed to develop the student's capability to solve the medical and surgical problems of the mouth and jaws through the scientific application of basic science facts. This takes the form of problem solving as the basis for teaching sessions in lectures, seminars, and clinics.

The Division takes this opportunity of reminding the Class of 1968 of their good fortune of having received their undergraduate training here at Columbia. We do so in the security of knowing that when you enter advanced training in the hospital, dental school or federal services you will have many opportunities to agree with this philosophy. You go with our best wishes and our assurances that you have within you the potential for leadership and our hopes that you will use it wisely.

*Rudolph H. Friedrich, D.D.S.*



T. Mitchell Bundrant, D.D.S.  
*Clin. Prof.*



Harold D. Baurmash, D.D.S.  
*Assoc. Clin. Prof.*



Fred Rothenberg, D.D.S.  
*Ass't. Clin. Prof.*



Abraham Rand, D.D.S., *Assistant*, Louis Mandel, D.D.S.,  
*Assoc. Clin. Prof.*, Martin Ames, D.D.S., *Instructor*



Daniel D. Schube, D.D.S.  
*Ass't. Clin. Prof.*



William J. Savoy, D.D.S.  
*Clin. Prof.*



Morton J. Stern, D.D.S.  
*Instructor*



Alvin L. Solomon, D.D.S.  
*Ass't. Clin. Prof.*



Boaz M. Shattan, D.D.S.  
*Ass't. Clin. Prof.*



Bertram Klatskin, D.D.S., *Ass't. Clin. Prof.*  
Louis J. Loscalzo, D.D.S., *Clin. Prof.*



William Greenfield, D.D.S.  
*Ass't. Clin. Prof.*



Reynold J. Baumstark, D.D.S.  
*Instructor*



Kourken A. Daglian, D.D.S.  
*Ass't. Clin. Prof.*



George A. Minervini, D.D.S., *Assoc. Clin. Prof.*  
Julian W. Anderson, D.D.S., *Ass't. Clin. Prof.*

# PEDODONTICS



Solomon N. Rosenstein, D.D.S., *Director*

In the years ahead our graduates will be called upon to provide more dental care for children than ever before. The advent of various Medicaid plans and the increase in group insurance plans with dental benefits for dependents of teachers and other large groups of workers have already created an expanding demand for dentistry for children. Although school age children have been required to obtain dental care in the past, a large part of the new demand for treatment is for preschool age children who might not have been brought to the dentist otherwise.

Dentistry for this important age group in our population offers properly trained dentists many interesting challenges and deep professional satisfactions. Favorable orientation of very young patients to acceptance of the need for regular dental care can bring only benefit to these children and their families. The early and repeated visits provide the dentist with repeated opportunities to apply sound measures for preventive dentistry whose effectiveness is all the greater because they are applied early. Through application of a philosophy of prevention and the measures to effect it, we accomplish our profession's highest purpose.

*Solomon N. Rosenstein, B.S., D.D.S.*



Bernard Nathanson, D.D.S.  
*Assoc. Clin. Prof.*



George Kiriakopoulos, D.D.S.  
*Instructor*



Marc L. Berg, D.D.S.  
*Ass't. Clin. Prof.*



Arnold Rosenberg, D.D.S.  
*Assoc. Clin. Prof.*



William A. Verlin, D.D.S.  
*Ass't. Clin. Prof.*



Philip Kutner, D.D.S.  
*Ass't. Clin. Prof.*



Julian Schroff, D.D.S.  
*Ass't. Clin. Prof.*



Kenneth D. Levin, D.D.S.  
*Instructor*



The day which you dreamed of four years ago, and which you may at times have thought would never arrive, is suddenly here! You are to be congratulated for your hard earned diploma. You can justly entertain a feeling of accomplishment at having successfully completed your undergraduate program in dentistry. But this, you must realize, is only the necessary *first* accomplishment for a career in dentistry. You have now earned the privilege, and assumed the responsibility, to continue your professional education and development for as long as you remain active in dentistry.

This is an era of rapid change. Your dental education, the finest anywhere, may very soon become obsolete! Only your determination to continue your studies can preserve and renew it. This you *must* do, by continuing to read the current literature, by regular attendance at scientific sessions of your dental society, by participating in post-graduate courses offered by the dental societies and the universities, and by joining together with colleagues in small study groups to exchange information and to share your experiences. Hard work? Perhaps—but the satisfaction which comes from knowing you are giving your very best service to your patients, and that you are held in high esteem by patients and colleagues, is a reward which cannot be equalled.

*Nicholas A. DiSalvo, D.D.S., Ph.D.*

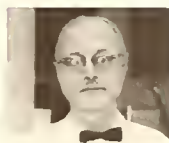
# ORTHODONTICS



Professor Nicholas A. DiSalvo, D.D.S., Ph. D., *Director*



David Blistein, D.D.S., Bertram B. Schoeneman, D.D.S., Alfred J. Braida, D.D.S. *Instructors*



Walter G. Spengeman, D.D.S.  
*Ass't. Clin. Prof.*



Charles M. Chayes, D.D.S.  
*Ass't. Clin. Prof.*



Edward E. Teltsch, D.D.S.  
*Ass't. Clin. Prof.*



Julius Tarshis, D.D.S.  
*Assoc. Clin. Prof.*



Monroe and Richard Gleidman, D.D.S.  
*Instructors*

# ENDODONTICS



Joseph M. Leavitt, D.D.S., *Director*

The need for—nay, the demand for dental services by both individuals and organized society is increasing rapidly. So rapidly, in fact, that the beginning dentist's problem of earning a "decent income" is almost academic. If you graduate with a reasonable number of fingers you will earn a relatively good income in short time. This is fine, but the increased demands create increased problems and responsibilities. The new age dentist will be required not only to treat more patients and frequently at lower, governmentally regulated fees, but will be obliged to spend time assisting in establishing and enforcing standards which will protect the patient.

As an endodontist, I can also assure you that the average layman is much more knowledgeable about newer technics in dentistry than he used to be. Therefore, their demands to be provided with the newer services will be much greater on you than they have been on we "old timers."

Let me offer my sincere congratulations on your graduation and temper it with the reminder that the half-life of dental knowledge is about seven years. This really frightening bit of information simply means that you are all going to have to work awfully hard to keep up with the many changes in dental concepts and technics as they rapidly develop in the future if you are going to avoid being left behind in the dust.

*Joseph M. Leavitt, D.D.S.*



Fredric E. Goodman, D.D.S.  
Howard I. Blum, D.D.S.  
*Instructors*



Gerald H. Besen, D.D.S.  
*Ass't. Clin. Prof.*



William Miller, D.D.S.  
*Ass't. Clin. Prof.*



Murray A. Cantor, D.D.S., *Instructor*  
S. Ahel Moreinis, D.D.S., *Instructor*



64 Joseph M. Leavitt, D.D.S., *Assoc. Clin. Prof.*  
Howard B. Vogel, D.D.S., *Instructor*



Marvin N. Firdman, D.D.S.  
*Ass't. Clin. Prof.*



Irving J. Naidorf, D.D.S.  
*Assoc. Clin. Prof.*

# DENTAL AUXILIARY UTILIZATION

Upon you, the dentist of the future, rests the task of preventing and treating oral diseases, irregularities and deficiencies through dedication to and use of the latest dental technology in clinical practice, dental health education and public health measures. It is incumbent upon you to provide new and better dental care for more and more people.

One way to accomplish this is more efficient utilization of your dental auxiliaries. You must adopt concepts of four-handed dentistry to keep the hands of the dentist and the chairside assistant busy at all times. You must divest yourselves of the time-consuming minutia involved in your practices so that you can devote your entire talents to those duties which you alone can perform.

Your auxiliary help must be educated to perform these tasks to assist in attaining this goal. However, to most effectively utilize your auxiliaries, particularly your chairside assistant, you must change as well the traditional concept of the dental office. You must use only the latest and most modern equipment for without it the concept of four-handed dentistry cannot be fully employed.

You have received the finest dental education possible and now you must put it into practice in accordance with the highest ideals of your chosen profession. You must also provide maximum service for your patients. Therefore, my advice to you is after having chosen the location of your office, select your equipment wisely and with an eye to the future. Employ trained, qualified auxiliaries at the earliest possible moment in your careers.

*George L. O'Grady, D.D.S.*



*George L. O'Grady, D.D.S.  
Associate Professor  
Assistant Dean*





# ROOSEVELT HOSPITAL



The two week dental clerkship at the Roosevelt Hospital is designed to acquaint the senior dental student with the broader perspective of total health care. He is given an opportunity to see patients with varied disease processes, many of which he has heard mentioned in his preclinical years. In addition, he sees the role of the oral surgeon within the total spectrum of hospital care. During his two week stay at Roosevelt he becomes acquainted with the general functions of the hospital. He sees and assists in the emergency room and operating room. He is given an opportunity to attend ward and special rounds. He comes into contact with varied services of a modern hospital including the medical records department, speech therapy, physical medicine and rehabilitation and the hospital's laboratories.

By bringing his dental school training to the hospital he is enabled to evaluate the role which these services play in relation to patients with oral as well as general medical and surgical problems.

We at Roosevelt derive a sense of satisfaction in being able to provide the graduating dentist with a glimpse of the role of the hospital in total care of patients. We further hope that what we have been able to contribute will be of value to both the Columbia graduate and, through him, to the dental profession at large.

*Gerald E. Lederman, D.D.S.  
Andrew M. Linz, D.D.S., M.S.*

*Head, Department of Oral Surgery, Roosevelt Hospital*



*Dr. Andrew Linz*

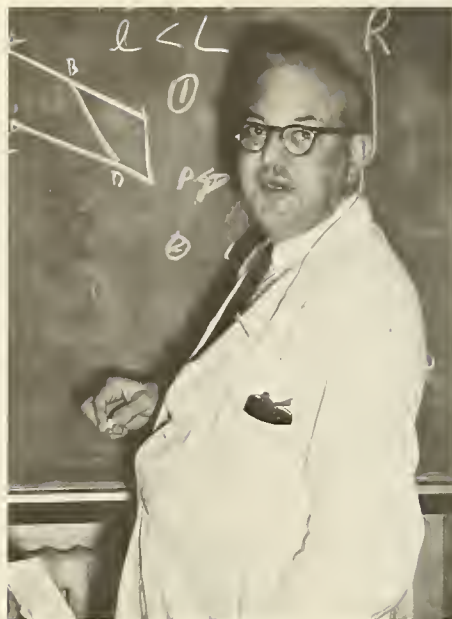


*Dr. Melvin Blake*

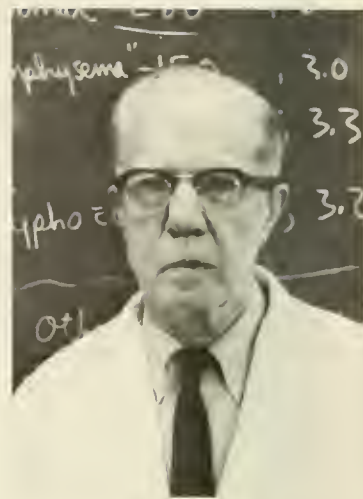




*Dr. Edmund Applebaum*



*Dr. Melvin Moss*



*Dr. William Rogers*

## PRECLINICAL SCIENCES



*Dr. Malcolm Carpenter*



*Dr. Charles Noback*



*Dr. Robin Rankow*





*Drs. Harry Kessler and Stuart Tanenbaum*



*Dr. David Smith*



*Dr. Herbert Bartlesone*



*Dr. Mero Nocenti*



*Dr. Robert Dellenback*



*Dr. Shu Chien*

# PERSONNEL



**Florence V. Moore**  
*Director of Clinic*



**Robert Wrong, Nick Vero**



**Katherine Novell**



**Ida Pasco, Johanna Davenport,  
Henrietta Washington, Kay  
Berherelly**



**Jane Hart**



**Leticia Casillas**



**Helen Daudien, Mary Scheerle**



**Efrain Ocasio, Angela O'Donnell,  
Serain Cintron, Micheal McGrath,  
Miguel Bracerio**



**Daisy Vega, Cecilio Fehles,  
Hilda Ahrona**



**Ida Parell, Joanne Lamas,  
Betty Morales**



**Julianna Tahorn, Mary Comeaux**



**Grace Parry**



**Murial Kuhiak**



Marliese and Inge Roehrig



Elise Boyd



Rose Tarantino



Margaret Sheehy, Susan Boccia



Walter Manigault, Jose Padillo, Luis Rojas



Sandy Bogin, Wanda Zaleski, Katherine Browne



Manuel Zaldivar,  
Antonio Rodriguez



Teresa Comes



Lillian Parry



Irene Mazza



Manuel Cintron



Bill Gregory, Al Katona



Mrs. Duffy, Mrs. Musterman, Mrs. Lopez



Marion Hankins



# UNDERGRADUATES

## SCHOOL OF DENTAL AND ORAL SURGERY

### FIRST YEAR

September 1967 — May 1968

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>FIRST TRIMESTER</b> September 11 — November 22 (11 weeks)					
9 - 10	Microanatomy 150 Lect. (Amph. IX)	Public Health 103 (Amph. I) <sup>2</sup>	Microanatomy 150 Lect. (Amph. IX)	Microanatomy 150 Lect. (Amph. IX)	Public Health 103 (Amph. I) <sup>2</sup>
10 - 1	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)
2 - 5	Microanatomy 150 Lab. (9-406) — 4:30 —	Gross Anatomy 151 (10-401)	Microanatomy 150 Lab. (9-406) <sup>3</sup> Physiology 150 Lect. (Amph. I)	Gross Anatomy 151 (10-401)	Microanatomy 150 Lab. (9-406)
	Orientation 100 (7-207) <sup>1</sup> 5:30		Microanatomy 150 Lab. (9-406)		
<b>SECOND TRIMESTER</b> November 27 — December 16 (3 weeks)                      (First Period)					
9 - 10	Microanatomy 150 Lect. (Amph. IX)	Obs. & Gyn. 101 (Amph. I)	Microanatomy 150 Lect. (Amph. IX)	Microanatomy 150 Lect. (Amph. IX)	Obs. & Gyn. 101 (Amph. I)
10 - 1	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)	Rest. Dent. 101 (9-217)	Gross Anatomy 151 (10-401)	Gross Anatomy 151 (10-401)
2 - 5	Microanatomy 150 Lab. (9-406)	Rest. Dent. 101 (9-217)	Physiology 150 Lect. (Amph. I) — 3:00 —	Free	Microanatomy 150 Lab. (9-406)
			Microanatomy 150 Lab. (9-406)		



*“One must learn  
By doing the thing: for though you  
think you know it  
You have no certainty, until you try.”*

**SOPHOCLES**

# CLASS OF 1969



*First Row: A. Pintoff, M. Fidler, B. Goodkin, E. Shulman, J. Kunofsky, D. Snow. Second Row: M. Rubin, R. Cicero, A. Mehrhof, J. Goetz, A. Klein, S. Davis. Third Row: D. Zegarelli, L. Harris, D. Brown, M. Berger, C. Guclakis, J. Wasileski, C. Young, G. Eshelman, R. Bowden. Not Photo graphed: J. Fineberg, S. Fein.*

With clean white jackets, their own Ritter Appointment books, and only one #556 bur, twenty-three young stalwarts marched confidently into the clinic and after trying on a rubber dam for an hour and a half finally departed, wiping away their tears with cotton rolls they were not permitted to use. Except for Joel, who miraculously knew all there was to know, many of us were initially discouraged. Charles G. immediately went into anaphylactic shock, Ephraim returned to making jewelry, and Ralph let loose with a blood-curdling yawn.

Yet there were many important things to be learned that just could not be found in Swenson or Tylman. For example, the "three-quarters" in dentin everybody was talking about meant *millimeters*, not *inches*. Also, despite requests from edentulous patients full dentures could not be ready in a week and a half, even if we worked late on Tuesday and Thursday nights. Actually, the lab nights were very helpful to some of us. Austin, in one of his late inning rallies for which he is so famous, is

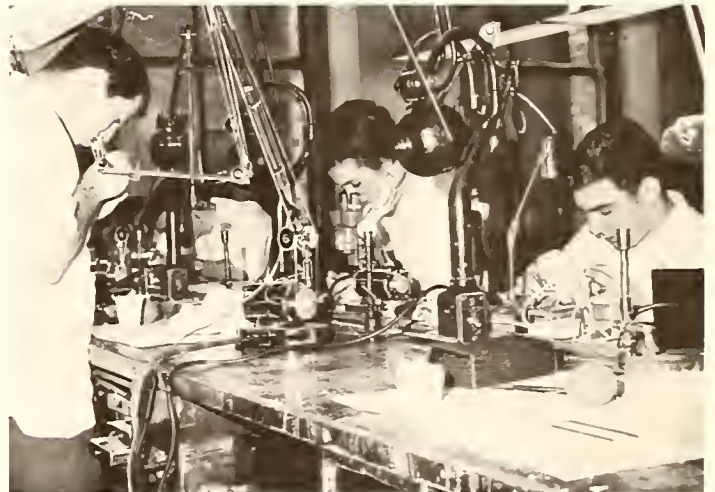
rumored to have waxed up a removable partial denture, constructed an acrylic splint, set four posterior denture teeth, and brewed three cups of coffee in the space of ten minutes one Tuesday evening.

And then there was the lighter side of the year. Who could forget the laughs when Beryl exposed 968 of Jack's X-Rays in radiology or when the "Hoop" soldered a 4 unit bridge directly in the mouth? Contests were created to break the tension. Juley broke the record for the fastest pulp exposure and received deserved acclaim since it occurred on the first Operative practical. Chuck's string of lateness was broken by the team of Gleidman and Gleidman who took attendance at 9 a.m. sharp and made every fourth potential dentist into a custodian.

And yet we learned. Though we were tired and anxious we never gave up—even if the instructors did. But now we were eager to begin the Senior year and start on those 60 points everyone talks about . . .

*Julius Kunofsky*





# CLASS OF 1970



*Seated:* J. Samburg, J. Gold, C. Evans, G. Robinson, J. Boscarino. *Standing:* P. Swallow, R. Guiduli, D. Morea, D. Dudley, J. Uhl.

The Columbia school year is divided into trimesters. As we progressed to term we experienced those things that make life interesting—the unexpected: Andy's tooth in the sink, the United Nations in pharmacology, and a mimeo machine that wouldn't say "die!" By year's end we had confined our impressions to the mouth and science became technical rather than basic. But that is to get ahead of the story.

The story that began in September 1966 was to resume the following year. We returned eager to become clinicians; but first the tribulations of a neophyte.

The pathology and microbiology departments held a marathon: who could keep us seated for the greatest period of time. Pathology won but microbiology floored us—then we discovered Dr. Kabat actually worked for the ophthalmology department!

It was during the first term that the fittest survived. Operative and Crown and Bridge resembled weight lifting 101. The biggest question of the term was not "Who broke Leo's box?" but to petition or not to petition.

It has oft been said that susceptibility to various maladies is greatest during the first term. True. We

played with *Salmonella*, *Tuberculum Bacillus*, and *Gonococcus*. No major epidemics. To the clergy we reserve the privilege.

In December pharmacology followed microbiology. Our thanks to Dr. Chien for providing a shock-proof foundation. Pathology followed Friday nights. Our thanks to Dr. King for providing a different and interesting course. The diversity available to us was enjoyable and educational.

It was November that the word "Clinic" first appeared on our schedule (only to be postponed by a footnote). The basic sciences drew to a close with Orals in pathology—not to be confused with the course of the same name which began the following week.

Not having reached the end of the third trimester, we prematurely experienced the trauma of our first patient. It was time to leave the warmth and security or someone else's judgment.

April and National Boards . . . hats off to Columbia's training program. To our first two years . . . a toast. Come next September we will see to what use our knowledge will be put.

Sayeth the Raven, "Nevermore."

*James C. Gold*





*Seated:* A. Russell, S. Simenauer, J. Olson. *Standing:* L. Gellella, M. Bass, W. Foster, F. Petronella.



*Seated:* S. Sachs, D. Kritchman, A. Blitzer, G. Huntress, B. Bienstock. *Standing:* L. Belman, L. Gardner, C. Meese, R. Gabriele, B. MacKinnon, A. Fink.



# CLASS OF 1971



*Kneeling:* G. Jellineck, E. Shaber, R. Hayes, P. Rogow, J. Lipton. *Sitting:* C. Vaughn, T. Finken, R. DeLuke, S. Goldberg, M. Equi, A. Trojanus. *Standing:* T. Turvey, P. Ponte, J. McCosker, J. Triant, D. Christian, J. Kleiman, H. Gralnick, D. Lynn, R. McIntyre, S. Steurer.

September 1967 found 43 men and one young woman embarking upon a career in the never ending challenge of dentistry. The definite rumor was the red name tags came off, or was it the other way around? We quickly came to know each other, Cunningham, Pansky, Gray, and Irving. We became the class of the official rumor: the "muscle triad" would definitely be on the histology exam. Oh, yes, when will we have the D.M.D. degree, and when will Dr. Moss receive the Nobel Prize?

"Gentlemen, this is functional human anatomy, and you are now two weeks behind." In due time, coffee and sweetrolls were served over cadavers. There were lantern shows from Dr. Rogers and Albert performed ghoulish deeds in exchange for cigars and spirits.



*Kneeling:* R. Fleischman, N. Campman, S. Tushman, M. Swerdlof, P. Winston. *Sitting:* S. Peiser, M. Schwartz, M. Tucker, W. Kucaba, D. Salopek, I. Cohen. *Standing:* M. Cheron, S. Lehrhaupt, J. Kosinski, R. Kroll, W. Bornstein, J. Homicz, M. Golan, G. Ranta, K. Oen, A. Olivieri.

After the second exam the class was stratified, although the tea was not that bad. It was only a "discrepancy between the practical and written parts of the exam." Marc impaled his metatarsal with the fastest scalpel in the East.

Vacation! Rest! A trip to California or Miami; some skied, Sol studied, Jim and Mike cranked the ditto machine. Back to the dim corridors—Harvey lost the distal of his lower left thumb—oh, that dental anatomy! We enjoyed the T.V. antics of Dr. Arden, but did he really freeze the clay?

And so this year of both triumph and defeat comes to a close. It had been difficult and traumatic, yet with childish eagerness we anticipate the next three years. Is there really going to be a new clinic?

*David Salopek*

# DENTAL





# HYGIENE



# FACULTY



Mrs. Patricia M. McLean, R.D.H., M.A., *Director*

The Dental Hygiene program is fortunate in having as its Director Mrs. Patricia McLean, Assistant Professor of Dental Hygiene. Mrs. McLean is a dynamic educator and leader in the profession. In addition to her many administrative and teaching duties at school, she also serves the American Dental Hygienist's Association as President-Elect. High on the student's list of her outstanding characteristics are her graciousness, generosity, and genuine warmth. She is a constant source of inspiration to all who study under her guidance.

Miss Nancy Sisty, Instructor in Dental Hygiene, is an outstanding teacher whom we all aspire to emulate. In addition to her duties as Clinical Supervisor of both Junior and Senior Clinics, Miss Sisty conducts the Habit Therapy Clinic, serving in the Orthodontic Department as a part-time Research Assistant. Miss Sisty serves the profession as a member of the Scholarship Committee of the American Dental Hygienist's Association and as an executive board member of the Dental Hygienist's Association of the City of New York. Her empathy toward her students, coupled with an infinite amount of patience, endears her to all.



Nancy L. Sisty, R.D.H., M.S.



M. Diane Curl, R.D.H. M.S.

Miss Diane Curl, Instructor in Dental Hygiene, is a constant source of inspiration because of her radiant enthusiasm for our profession. In addition to her duties as Supervisor of the school program and the pilot dental health program for HarYouAct she provides excellent instruction in several courses. She serves her profession as Chairman of the Dental Hygiene Education Committee, Dental Hygienist's Association of the State of New York and is a member of the executive board of the Dental Hygienist's Association of the City of New York. Her sparkling smile and sense of humor befriends her to all her students.

# MASTERS 1968



Mary Ann Atkinson  
B.S., Columbia  
Teaching Assistant



Alberta Beat  
B.S., University of Washington  
M.S., Columbia



Kathleen Ellegood  
B.S., Columbia  
M.S., Columbia



Harriet Glickman  
B.S., Columbia  
Teaching Assistant



Carolyn James  
B.S., Columbia  
M. S., Columbia



Rita Khouri  
B.S., Columbia  
M.S., Columbia



Anna Matsuishi  
B.S., University of Southern California  
M.S., Columbia



Marva Olsen  
B.S., University of California  
M.S., Columbia



Dixie Scoles  
B.S., Ohio State University  
M.S., Columbia



Mary Julie Wehrle  
B.S., Columbia  
M.S., Columbia



# PROGRAM A 1968



Joanne Cicala  
*Pr. Georges Community College*  
B.S., Columbia



Mary Shepard Decker  
*Mount Son Antonio Junior College*  
B.S., Columbia



Mary Jane Healey  
*San Bernadino Valley College*  
B.S., Columbia



JoAnne Dandrea Kitlas  
*Endicott Junior College*  
B.S., Columbia



Janet Kuczma  
*Ithaca College*  
B.S., Columbia



Mary Marchioli  
*San Bernodino Valley College*  
B.S., Columbia



Jeanette Parker  
*El Camino College*  
B.S., Columbia



"She's just discovered that Lorry Levine is married."



Susan Rod  
Queens College  
B.S., Columbia



Joan Roemer  
University of Maryland  
B.S., Columbia



Janice Stewart  
Kings College  
B.S., Columbia



Andrea Tryon  
Long Beach City College  
B.S., Columbia



Marion Ronnie Wheeler  
Lasell Junior College  
B.S., Columbia



Charlotte Wiederhorn  
Ohio State University  
B.S., Columbia

*Ode to the Class of 1968*

NO DOCTORS TODAY, THANK YOU (or GRADUATION DAY)

They tell me that euphoria is the feeling of feeling wonderful;  
     well, today I feel euphorian,  
 Today I have the agility of a Greek god and the appetite of a Victorian.  
 Yes, today I even may go forth without my galoshes;  
 Today I am a swashbuckler, would anybody like me to huckle any swashes?  
 This is my euphorian day,  
 I will ring welkins and before anybody answers I will run away.  
 I will tame me a caribou  
 and hedeck it with a maribou.  
 I will pen me my memoirs.  
 Ah youth, youth! What euphorian days them was!  
 I wasn't much of a hand as a hookworm,  
 I was generally to be found where the food was.  
 Does anybody want some flotsam?  
 I've gotsam.  
 Does anybody want any zephiran?  
 I can getsam.  
 I can play "chopsticks on the Wurlitzer,  
 I can speak Portuguese like a Berlitzer.  
 I can don or doff my clinic shoes without tying or untying the laces  
     because I am wearing moccasins,  
 And I practically know the difference between serums and antitoccasins.  
 Kind people, don't think me purse-proud, don't set me down as vainglorious,  
 I'm just a little euphorious.  
 Today I am a college graduate.

*Ogden Nash*

# PROGRAM B 1968



**Karoline Becker**  
*R.D.H., Eastman Dental Hygiene  
B.S., Columbia*



**Angela Dudley**  
*R.D.H., Howard University  
B.S., Columbia*



**Gertrude Stahl Epstein**  
*R.D.H., University of Pennsylvania  
B.S., Columbia*



**Gloria Failla**  
*R.D.H., University of Pennsylvania  
B.S., Columbia*



**Gail Fishbein**  
*R.D.H., University of Pennsylvania  
B.S., Columbia*



**Louise Leonhardt**  
*R.D.H., University of Pennsylvania  
B.S., Columbia*



**Frances Santora**  
*R.D.H., Forsyth School of  
Dental Hygiene  
B.S., Columbia*



**Julie Slabadnjak**  
*R.D.H., University of Vermont  
B.S., Columbia*



**Judith Swartwaad**  
*R.D.H., University of New Mexico  
B.S., Columbia*



**Bonnie Gail Wheeler**  
*R.D.H., Westbraak Junior College  
B.S., Columbia*

"It means we must make sacrifices,  
darling. Help Mummy by cutting down  
your smaking."



# ACADEMIC PROGRAMS

## MASTERS PROGRAM

The Masters of Science degree, established in 1952 to fill the demand for women with graduate education, is designed to prepare candidates for positions in one of the following areas: administration, public health, dental hygiene, teaching, or educational and clinical research. Work for the degree must be completed in one academic year of resident study, either full or part-time.



## PROGRAM A

Program A is a two year program of dental hygiene education for students who have completed two years of study in a college or university approved by Columbia. The students admitted to this program find a great contrast to their prior academic experience. They become a part of a health service that requires a generous investment of time and energy and an awareness of personal as well as social obligation.

Upon graduation the student is awarded a certificate of proficiency in dental hygiene in combination with a Bachelor of Science degree. She is then qualified to enter private practice, public health, dental health education, or continue her studies for a Masters degree.

## PROGRAM B

This program, designed for graduates of certificate dental hygiene programs, provides an opportunity to increase competency through study while in service. Through various combinations of lectures, reading assignments, group projects and study, guided practice and field work, and observation and research, students are prepared for teaching positions in basic dental hygiene programs and administrative positions in public health. Upon graduation the student is awarded a Bachelor of Science degree with a concentrated area of study within dental hygiene education.



# CLASS OF 1969



**PROGRAM A**

*Seated:* B. Sauer, J. Morrow, L. Hann, G. Person. *Standing:* J. Nelson, D. Harbach, L. Salsbury, B. Eckhaus, E. Colangelo, J. Isbida, E. Kolberg.

**PROGRAM B**



*Seated:* M. Labuc, A. Cartledge, J. Hoffman, M. Herbert. *Standing:* N. Morse, L. Mueller, T. Nitzling, K. Jones, J. Phillips.

# JR. A.D.H.A.



Seated: S. Rod (Recording Secretary), J. Healey (President), J. Kuczma (Vice President). Standing: M. Marchioli (Corresponding Secretary), J. Stewart (Treasurer).

The Junior American Dental Hygienist's Association has as its objectives the following goals.

First, to prepare students for active, informed participation in the parent, professional association, the American Dental Hygienist's Association.

Second, to cultivate, promote, and sustain the art and science of dental hygiene.

Third, to represent and safeguard the common interests of members of the profession.

Fulfillment of these objectives is made possible during the three hour weekly period provided in the schedule of all students. Students elect their officers and executive board members and prepare their annual program in a manner similar to that of all local parent associations.

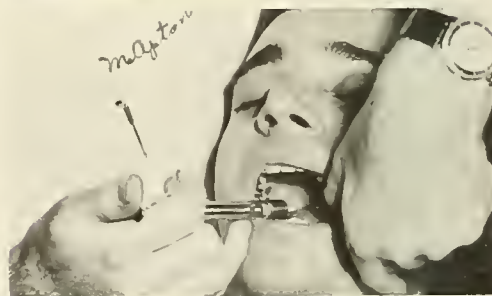
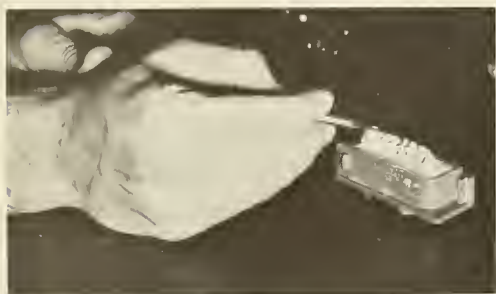
## NATIONAL CONVENTION

WASHINGTON, D.C.

NOVEMBER, 1967







# ACTIVITIES



# ALPHA OMEGA

## ETA CHAPTER



*Seated:* M. Berger, S. Davis, S. Katz, J. Friedman, J. Kunofsky, S. Fein. *Standing:* Dr. A. Flam, M. Rubin, L. Harris, M. Polan, D. Salopek, I. Cohen, A. Klein, A. Mintz, R. Greenberg, L. Tombacher. *Not Photographed:* J. Kameros, E. Shulman.



*Seated:* E. Shaber, S. Goldberg, M. Golan, M. Tucker, M. Schwartz. *Standing:* J. Triant, M. Cheron, S. Lehrhaupt, C. Young, J. Kleiman, W. Bornstein, H. Gralnick, S. Peiser, M. Swerdloff.

The objectives of Alpha Omega are expressed in its ideals of Fraternalism, Scholarship and Professionalism. The membership is selected from undergraduates of high scholarship on the basis of character, leadership and personality.

The fraternity endeavors to aid the undergraduate members both professionally and socially. The fraternity house is available to the members for laboratory work, a quiet area to study and for social functions. The fraternity also holds monthly meetings where a speaker is invited to talk on a topic of interest.

Alpha Omega is also a service organization, dedicated to bringing the profession of dentistry to new heights. A.O. sponsors numerous projects for the

world-wide advancement of dentistry. Notable among these efforts is the establishment and maintenance of a dental school in Israel. The fraters are also invited to visit the offices of graduate fraters under the "Big Brother Plan." Junior and Senior members are eligible to apply for an interest free loan from the M.M. Fintz fund.

Alpha Omega does not end with graduation. We believe that the friendships made during the undergraduate years will stand the test of time. The spirit of professional excellence, which is fostered in the undergraduate chapter, will equip the fraters to take their places as leaders in the field of dentistry.

Joel M. Friedman, *President*



# PSI OMEGA

## GAMMA LAMBDA CHAPTER



*Seated:* J. Serles, C. Wennogle, R. Bowden, T. Wilson (President), W. McManus, T. Tong, R. Hayes.  
*Standing:* D. Morea, N. Boyd, D. Snow, D. Zegarelli, A. Mehrhof, G. Eshelman, J. Waselski, Q. Murphy, M. Fidler, S. Steurer, K. Oen, A. Oliveri, T. Finken.



*Seated:* R. Fleishman, D. Christian, T. Turvey, W. Kucaba, C. Vaughn, J. McCosker. *Standing:* J. Triant, R. DeLuke, M. Equi, C. Guelakis, R. Wezmar, A. Homicz, J. Kosinski, G. Ranta, P. Ponte, R. McIntyre.

Psi Omega is a professional fraternity whose object is to maintain and promote a high standard of dentistry by helping to instill in its members a spirit of fraternal cooperation. Working as a group, the fraternity can exert its influence for the advancement of the dental profession in methods of teaching, practice, research, ethics, and jurisprudence. The fraternity serves as a vehicle which allows students to meet with faculty and alumni on a social basis and discuss areas of common interest and cultivate friendships.

The program of the fraternity is varied. Speakers, movies, and discussions supplement the formal school training and investigate current trends in dentistry while the social events allow students and faculty to know one another better. Our gratitude is extended to those brothers whose hard work made this year's program possible, to the faculty for their active support, and to Drs. Joseph DeJulia and Albert Zengo, our deputy councilors, for their time and guidance.

Thomas A. Wilson, *President*

# HONOR COURT



*Seated: A. Trojanas, T. Finken. Standing: J. Samburg, R. Bowden, E. Shulman. Not Photographed: M. Brisbin, C. Meese.*



*Robert Turano, Chairman.*

The initiation of an honor code at Columbia University School of Dental and Oral Surgery in 1964 was the realization of an entity consistent with the aims and goals of a professional school. Far more important than the code is the spirit which its initiation signified: honesty and integrity for oneself and on one's own. Without this feeling the knowledge obtained in the last four years is of little significance. With the vision of a new school on the horizon the members of the Honor Court are confident that this atmosphere will continue.

*Robert Turano  
Chairman, Honor Committee*

# STUDENT COUNCIL



*Seated: S. Munk, R. Greenberg, C. Rogers, A. Rosell. Standing: J. Serles, D. Brown, J. Kunofsky, B. Goodkin, C. Evans, S. Tolbert. Not Photographed: J. Dooley, D. Salopek.*

Student Government as we know it today affords the student an opportunity to express his opinions in a constructive manner for the collective benefit of the student body, faculty, and the University.

As the core of this Government the Student Council has undertaken various activities in the past. They include sponsoring the Senior Farewell Dance, the improvement of facilities in the Pedodontia Clinic, and the investigation and establishment of insurance for the instrument kits.

Under the University expansion program new facilities for School of Dental and Oral Surgery will be erected. The Council has been instrumental in presenting the student's needs and preferences to those responsible for its planning and design.

Steven I. Munk  
*President, Student Council*



# DENTAL COLUMBIAN



*"It's been our pleasure . . ."*

**Steven A. Cohn  
Steven Y. Siegel**

*Editors*

**Michael S. Apton  
Robert P. Renner**

*Photographers*

**Steven I. Munk  
Charles A. Rogers**

*Business Mgrs.*

*"And to you a special thanks."*

**Dr. Victor S. Caronia**

*Advisor*

**Miss Helen Winslow**

*Edwards Bros. Rep.*



# WILLIAM JARVIE SOCIETY



*Seated:* A. Mehrhof (Treasurer), J. Metzger (President), E. Shulman (Secretary), R. Greenberg (Vice President). *Standing:* D. Zegarelli, N. Boyd, Q. Murphy, A. Rosell, C. Guelakis, S. Katz.

The William Jarvie Society was founded in 1920 through the efforts of Dr. William Gies. It was named for a man whose untiring efforts did so much to promote interest in dental research. The society's aim is the stimulation and encouragement of interest in dental research.

Admission to the society is on the basis of academic standing, and a professed or demonstrated interest in dental research.

Each member of the society is expected to engage in individual or group research projects. In addition, the members have the singular privilege of abstracting the "Journal of Oral Therapeutics" for the American Dental Association's publication, "Dental Abstracts." All of the society's activities are under the inspired guidance of its much revered faculty advisor, Dr. Austin H. Kutscher.

Joseph Metzger  
*President*

# OMICRON KAPPA UPSILON



Dr. J.A. Cuttita, Dr. E. L. Uccellani, *President*, Dr. V.S. Caronia, Dr. J.A. DeJulia.

The admission to membership in this national honorary dental fraternity is made on the basis of professional maturity and integrity, and contributions to dentistry, as well as the attainment of outstanding scholastic achievement during the four years of dental education. The constitution provides that each chapter elect to membership not more than twelve percent of a graduating senior class, the selection to be based on high scholarship and outstanding character. To be selected as a recipient of this award should be a gratifying experience, especially if the history of Omicron Kappa Upsilon is considered. The fraternity had its origin on June 26, 1913, in a petition from the class of 1914 at Northwestern Dental School to its Dean, Dr. G.V. Black. Through his efforts, there were ten dental schools participating by 1915, while at present there are fifty-five chapters.

The guiding principle of the fraternity is symbolized by the Greek letters on its pin. The most prominent letter in the design is Sigma which stands for conservation, and Omicron and Upsilon the initial letters for the Greek words meaning teeth and health appear within the larger symbol of conservation.

Columbia University was granted a charter and became a component chapter—Epsilon Epsilon—in 1934. The members of Epsilon Epsilon Chapter extend to you, the class of 1968, our heartiest congratulations and best wishes for a lifetime of success and happiness in your chosen profession. We sincerely hope that your professional career will be guided by the standards you have been taught and by the high principles which have served our members.

Dr. Joseph A. Cuttita  
*Secretary-Treasurer*

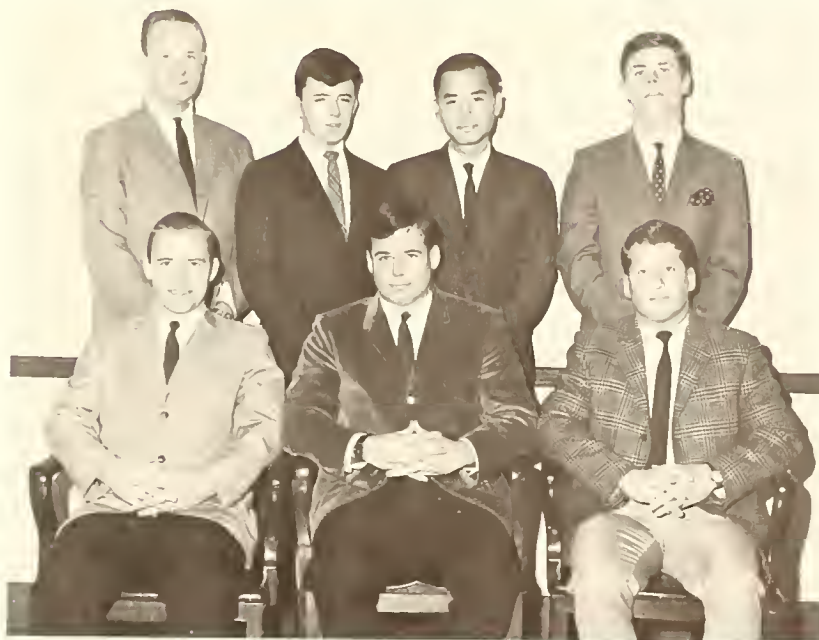


Dr. A. H. Kutscher, *Past President*





# STUDENT DENTAL ASSOCIATION



*Seated:* J. Serles (Coordinating Chairman), T. Wilson (President), M. Rubin (Vice President).  
*Standing:* W. McManus, R. Hayes, T. Tong, M. Fidler.

The Student Dental Association endeavors to inculcate in its student members the ideals of professionalism and scholarship that will carry them in good stead throughout their undergraduate and professional careers. Based on these goals the organization has contributed to the ever expanding role of the dentist in society.

The programs of the Association are varied and tend to supplement and broaden the scope of formal school training. The highlight of the year is the annual Student Clinic Day. At this time the student members present table clinics on current and theoretical procedures and examine the trends of dental thinking and experimentation.

Thus membership in the Student Dental Association prepares the graduate for the demands that his profession and society will make upon him.

Thomas A. Wilson  
*President*



Dentist, n. A prestidigitator who, putting metal into your mouth, pulls coins out of your pocket.

*Ambrose Bierce*

All joys I bless, hut I confess  
There is one greatest thrill:  
What the dentist does when he stops  
the huzz  
And puts away the drill

*Christopher Morley*

For there was never yet philosopher  
That could endure the toothache patiently.

*Shakespeare*

The teeth form a barrier to check wanton words.

*Gellius*

Eye for eye, tooth for tooth, hand  
for hand, foot for foot.

*Exodus*

# QUOTODONTICS

No! Pay the dentist when he leaves  
a fracture in your jaw.

*Oliver Wendell Holmes*

How pure, how beautiful, how fine  
Do teeth on television shine!  
No flutist flutes, no dancer twirls,  
But comes equipped with matching pearls.  
Gleeful announcers all are horn  
With sets like rows of hybrid corn.  
Clowns, critics, clergy, commentators,  
Ventriloquists and roller skaters,  
M.C.s who heat their palms together,  
The girl who diagrams the weather,  
The crooner crooning for his supper—  
All flash white treasures, lower and upper.  
With miles of smiles the airways teem,  
And each an orthodontist's dream.  
'Twould please my eye as gold a miser's—  
One charmer with uncapped incisors.

*Phyllis McGinley*

. . . the dream of a multitude of dentist's chairs,  
hundreds of them in a space, as enormous as an  
armory . . . drills lifted zigzag as insects' legs, and  
gas flames . . . a thundering gloom . . ."

*Saul Bellow*



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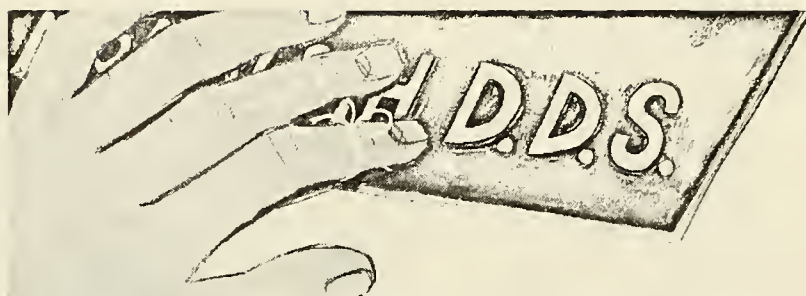


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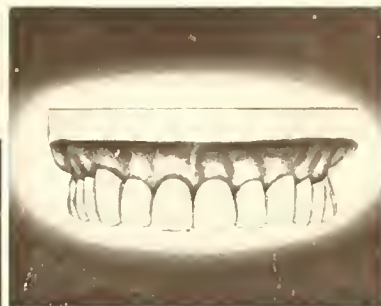


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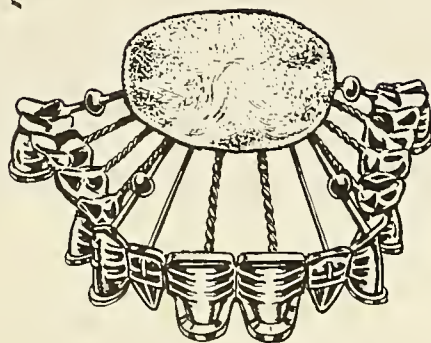


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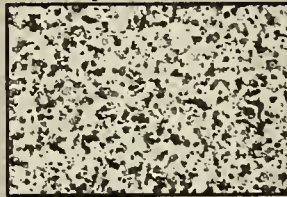
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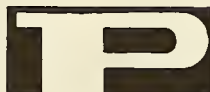


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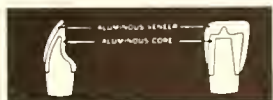
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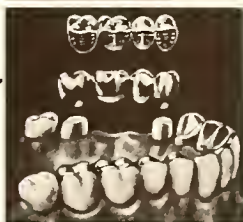
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